

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA

Plaintiff,

-AGAINST-

11 cr 1032-32 (PAE)

JOSE BARCARER,

Defendant.

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SENTENCING MEMORANDUM ON BEHALF OF JOSE BARCARER

Defendant JOSE BARCARER, through his counsel, respectfully submits this memorandum in aid of sentencing. The sentencing hearing is scheduled for February 13, 2012.

Introduction

Generous, selfless, and devoted, to family. This is the portrait of Mr. Barcarer that emerges from the descriptions of him submitted to the Court in his biography as related in the pre-sentence report and confirmed by Trigel Rocio Frometa the mother of his children as well as the letters submitted herein. (EX A). We believe that under 18 U.S.C. § 3553, a non-Guidelines sentence below the guidelines is warranted or at the very bottom of the guidelines consistent with the recommendation of the Department of Probation.

I. The Applicable Sentencing Standard

The continuing importance of the guidelines in the sentencing determination is predicated in large part on the Sentencing Reform Act's intent that, in promulgating guidelines, the Commission must take into account the purposes of sentencing as set forth in 18 U.S.C. § 3553(a). See 28 U.S.C. §§ 994(f), 991(b)(1). The Supreme Court reinforced this view in Rita v. United States, 127 S. Ct. 2456 (2007), which held that a court of appeals may apply a presumption of reasonableness to a sentence imposed by a district court within a properly calculated guideline range without violating the Sixth Amendment. In Rita, the Court relied heavily on the complementary roles of the Commission and the sentencing court in federal sentencing, stating:

[T]he presumption reflects the nature of the Guidelines-writing task that Congress set for the Commission and the manner in which the Commission carried out that task. In instructing both the sentencing judge and the Commission what to do, Congress referred to the basic sentencing objectives that the statute sets forth in 18 U.S.C. § 3553(a) . . . . The provision also tells the sentencing judge to "impose a sentence sufficient, but not greater than necessary, to comply with" the basic aims of sentencing as set out above. Congressional statutes then tell the Commission to write Guidelines that will carry out these same § 3553(a) objectives. Id. at 2463 (emphasis in original). The Court concluded that "[t]he upshot is that the sentencing statutes envision both the sentencing judge and the Commission as carrying out the same basic § 3553(a) objectives, the one, at retail, the other at wholesale," id., and that the Commission's process for promulgating guidelines results in "a set of Guidelines that seek to embody the § 3553(a) considerations, both in principle and in practice." Id. at 2464.

Consequently, district courts are required to properly calculate and consider the guidelines when sentencing, even in an advisory guideline system. See 18 U.S.C. § 3553(a)(4), (a)(5); Booker, 543 U.S. at 264 ("The district courts, while not bound to apply the Guidelines, must . . . take them into account when sentencing."); Rita, 127 S. Ct. at 2465 (stating that a district court should begin all sentencing proceedings by correctly calculating the applicable Guidelines range); Gall v. United States, 128 S. Ct. 586, 596 (2007) ("As a matter of administration and to secure nationwide consistency, the Guidelines should be the starting point and the initial benchmark."). The district court, in determining the appropriate sentence in a particular case, therefore, must consider the properly calculated guideline range, the grounds for departure provided in the policy statements, and then the factors under 18 U.S.C. § 3553(a). See Rita, 127 S. Ct. at 2465. The appellate court engages in a two-step process upon review. The appellate court "first ensure[s] that the district court committed no significant procedural error, such as failing to calculate (or improperly calculating) the Guidelines range . . . [and] then consider[s] the substantive reasonableness of the sentence imposed under an abuse-of-discretion standard[,] . . . tak[ing] into account the totality of the circumstances, including the extent of any variance from the Guidelines range." Gall, 128 S. Ct. at 597.

**18 USCS Appx prec § 1A3.1**

Following *United States v. Booker*, 125 S. Ct. 738 (2005), the Court must impose a sentence in accordance with 18 U.S.C. § 3553(a), and should no longer presume that a sentence calculated pursuant to the United States Sentencing Guidelines is appropriate. *Kimbrough v. United States*, 552 U.S. 85 (2007), *United States v. Pickett*, 475 F.3d 1347, 1353 (D.C. Cir. 2007). Indeed, the correctly calculated Guidelines range is but one factor for the Court to consider in imposing sentence. Most significantly, the Court must impose a sentence “sufficient, but not greater than necessary” to comply with the purposes of punishment set forth in 18 U.S.C. § 3553(a)(2). See also *United States v. Foreman*, 436 F.3d 638, 644 n. 1 (6th Cir. 2006) (“district court’s job is not to impose a ‘reasonable’ sentence [but] to impose ‘a sentence sufficient, but not greater than necessary, to comply with the purposes’ of section 3553(a)(2)’); *United States v. Tucker*, 473 F.3d 556, 561 (4th Cir. 2007) (same); *United States v. Willis*, 479 F.Supp.2d 927, 929 (E.D. Wis. 2007) (explaining that “the so-called parsimony provision . . . directs the court to impose the minimum term necessary to comply with the statutory goals of sentencing”). Those purposes include the need “to reflect the seriousness of the offense, to promote respect for the law, and to provide just punishment for the offense”; “to afford adequate deterrence to criminal conduct”; and “to protect the public from further crimes of the defendant.” 18 U.S.C. § 3553(a)(2)(A), (B) and (C).

Pursuant to § 3553(a), courts must also consider a number of other factors, including “the nature and circumstances of the offense and the history and characteristics of the defendant”; “the kinds of sentences available”; and the Guidelines. Id. at § 3553(a)(1), (3), and (4); see also *United States v. Simpson*, 430 F.3d 1177, 1186 (D.C. Cir. 2005). Under this new sentencing regime, a court should consider all of the relevant sentencing factors, giving no more weight to one factor than to any other factor. The focus of the new regime is thus a sentence based on the whole person before the sentencing court, rather than simply the version of the person reflected in the numbers and grids of the Guidelines. Here, that focus means that we respectfully urge the Court to sentence Mr. Barcarer on the basis of the portrait of him presented in the Presentence Investigation Report (“PSR”) and in the letters submitted on his behalf, rather than on the basis of some incomplete or distorted picture.

The Probation Office calculated the applicable Guidelines range at 24-30 months. We believe that the Probation Office’s calculations are correct. Full consideration of the other factors outlined in § 3553(a), including the fundamental command that the sentence be sufficient, but not greater than necessary to serve the purposes of punishment, makes clear that a sentence outside and below the guidelines is warranted here.

II. Mr. Barcarer’s Personal and Professional History Support A Sentence of Below the guidelines. Under § 3553(a)(1), in sentencing Mr. Barcarer the Court must consider his “history and characteristics.”

Mr. Barcarer grew up in a family at times dispersed and disrupted after having returned to the Dominican Republic when only four months old, and under difficult extremely difficult conditions. As reported by Mr. Barcarer, his mother had to sell their worldly possessions in order to pay for his father's medical bills after a stroke. Additionally he was raised under the hand of an abusive father. His conduct upon reentering the United States has been, excepting his instant criminal involvement one of a hard worker, who perhaps uniquely, strived to find steady work and filed tax returns regularly in order to support himself and children, not that of an evil criminally minded person. (EX B, C)<sup>1</sup>

### III. The Nature and Circumstance of the Offense

Under § 3553(a)(1), the Court must also analyze the "nature and circumstances" of the convicted offenses. Mr. Barcarer fully acknowledges his crime of conviction is serious.

### IV. The Relevant Guidelines Calculations

#### V.

Although the Supreme Court declared the Guidelines advisory, we recognize that the Court is obligated to compute the relevant sentencing range under the Guidelines when completing its sentencing analysis. To begin with we believe that the correct range is 24 to 30 months. The Court should begin its consideration of the Guidelines factor in its analysis under § 3553(a) from that point.

### V. A Sentence of less than 24 months Would Satisfy The Requirements of Section 3553(a)(2)

Turning to § 3553(a)(2), the Court must also consider the need for Mr. Barcarer's sentence to (i) reflect the seriousness of his offense, promote respect for the law, and provide just punishment for the offense; (ii) adequately deter criminal conduct; and (iii) protect the public from further crimes of the defendant.

#### A. The Seriousness of the Offense

The offenses here are serious ones.

### VI. Sentencing Recommendation

There is no denying the seriousness of the crime of which Mr. Barcarer was convicted. At the same time, there is no denying the kind of person Mr. Barcarer is and the contributions he has made to others. In light of these factors and the goals of § 3553(a), a prison sentence of greater than 24 months for Mr. Barcarer would be "greater than necessary" punishment in this case. A sentence less than 24 months, would still promote respect for the law.

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<sup>1</sup> An attempt to gather Mr. Barcarer's tax returns for later years has been unavailing. Only a sample of his wage receipts are attached herein.

Conclusion

For the reasons set forth in this Memorandum and in the PSR, we respectfully request that the Court sentence Mr. Barcarer to a sentence below the guidelines.

Dated:        Westchester, New York  
                  February 6, 2013

Respectfully submitted,

Stewart L. Orden

Service via e-mail and via Clerk's Notice of Electronic Filing upon the following attorneys, who are Filing Users in this case:

Assistant United States Attorney  
Rachel Maiman, Esq.  
1 St. Andrews Plaza  
New York, NY 10007

1/21/13

To whom may concern:

My brother Jose Borcael has made mistake in the past and really believe he has changed. The past few years he was working hard to provide for his family. As growing up he went through a lot moving to one place to another not going to school, his childhood was hard.

As he come to new york permanently he was living with ~~the~~ and things were going well so he decide to move on his own from there on things went wrong because he didn't have no one to guide him. As a adult he wants to provide for his childrens and guide them through the correct path. I as his sister ask you to please give him a chance to be there for his kids and to prove he

A

could become a better man.

Thank you  
MS. RE

1/21/13

To Whom may Concern

My Uncle Jose Barcacez is a  
Strong independent man...he's always trying  
his best to procced...he made a lot of  
mistake's but he own up to it and became  
a better father, uncle, brother, son and  
most importantly a better men. Everytime  
I look over my shoulder his always been  
there and I plan to do the same for him

Love Priscila Abreu (1)

1-20-13

To whom may Concern

Jose Barcaced is my neighbour brother I knew him for 10 years and I can honestly say he is very responsible and a dedicated father I believe he deserve a second chance everybody not perfect he should at least have a chance to start from scratch. Over the past years I learn his family is the most important thing in his life and you shouldn't take that away from him.

Yanira Sanchez  
XXXXXXXXXXXXXX,XXXXXX

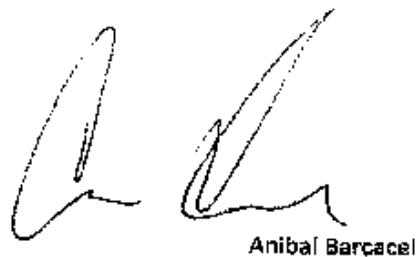
Break my wrist,

Yanira Sanchez

Anibal Barcace1  
02/04/13

To whom it concern:

I, Anibal Barcace1, am writing this letter in regards to Jose Luis Barcace1, my brother, upcoming court appearance and the changes I have seen in Mr. Barcace1 character in the last few months. During the years I have known Mr. Barcace1 in many capacities and during his time of incarceration I have seen many changes in Mr. Barcace1 character which I must commend, he has grown so much during the last few months, I could see that he has become a man of responsibility. He's demonstrated how much his family, extended and immediate mean to him, he speaks to all of us in a manner of which is to be expected of a man who know what's important to him. I don't believe the reason for his change is due to his incarceration if not an actual change in him, unfortunately Mr. Barcace1 was at one point a little misguided due the company he kept but he realized now who his true friends are and how his family always wanted the best for him. All his conservations center around family and how he plan on bettering himself once he is released, just the other day he told me how wanted to open a barber shop, it might seem like a small thing to you, but please understand that prior to his arrest he would never speak about such a thing, and he tells me how he's learn to cut hair during his time in jail. He's also tell of how much he's appreciating books and the fascinating stories they tell, something also that may sound like something small, but to us his family, is something we never expected to hear him appreciate. In my opinion he's trying his hardest to stay out of trouble. I believe Mr. Barcace1 is an intelligent, capable, dedicated, and personable young man. He is also quick on his feet, with sensible reactions in all the circumstances I've seen him in. I can now say I feel confident in saying that he is capable of handling any situation with thoughtfulness and maturity.



The image shows a handwritten signature in black ink, consisting of two stylized, flowing letters that appear to be 'A' and 'B' joined together. Below the signature, the name 'Anibal Barcace1' is printed in a smaller, standard font.

<b>Form 1040 U.S. Individual Income Tax Return 2005</b>		(99) IRS Use Only-Do not write or staple in this space.
<b>Label</b> <small>(See instructions)</small>	For the year Jan. 1-Dec. 31, 2005, or other tax year beginning Name Spouse's Name (if Joint Return) Home Address City, State, and ZIP Code	
<b>Use the IRS label. Otherwise, please print or type.</b>	JOSE L BARCACER Bronx NY 10457-	
	OMB No. 1545-0074 Your social security number - 1454 Spouse's social security no.	
	You must enter your SSN(s) above. ▲ Checking a box below will not change your tax or refund.	
Presidential Election Campaign ► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see Instructions) ► <input type="checkbox"/> You <input type="checkbox"/> Spouse		
<b>Filing Status</b> Check only one box.	1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►
	2 <input type="checkbox"/> Married filing jointly (even if only one had income)	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)	
<b>Exemptions</b>	8a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b Spouse c Dependents:	Boxes checked on 6a and 6b No. of children on 6c who: • lived with you 1 • did not live with you due to divorce or separation (see instructions) 0 Dependents on 6c not entered above 0 Add numbers on lines above ► 1
If more than four dependents, see Instr.	(1) First name _____ Last name _____	(2) Dependent's social security no. (3) Dependent's relationship to you (4) If qualifying child for child tax credit (see instructions)
	d Total number of exemptions claimed	7 368.
<b>Income</b>	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 368.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	8a Taxable interest. Attach Schedule B if required	8a
If you did not get a W-2, see instructions.	b Tax-exempt interest. Do not include on line 8a	8b
Enclose, but do not attach, any payment. Also, please use Form 1040-V.	9a Ordinary dividends. Attach Schedule B if required	9a
	b Qualified dividends (see instructions)	9b
	10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10
	11 Alimony received	11
	12 Business income or (loss). Attach Schedule C or C-EZ	12
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	13
	14 Other gains or (losses). Attach Form 4797	14
	15a IRA distributions	15a
	b Taxable amount (see inst.)	b Taxable amount (see inst.)
	16a Pensions and annuities	16a
	b Taxable amount (see inst.)	b Taxable amount (see inst.)
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
	18 Farm income or (loss). Attach Schedule F	18
	19 Unemployment compensation	19
	20a Social security benefits	20a
	b Taxable amount (see inst.)	b Taxable amount (see inst.)
	21 Other income. List type and amount (see instr.)	21
	22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►	22 368.
<b>Adjusted Gross Income</b>	23 Educator expenses (see instructions)	23
	24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ	24
	25 Health savings account deduction. Attach Form 8889	25
	26 Moving expenses. Attach Form 3903	26
	27 One-half of self-employment tax. Attach Schedule SE	27
	28 Self-employed SEP, SIMPLE, and qualified plans	28
	29 Self-employed health insurance deduction (see instr.)	29
	30 Penalty on early withdrawal of savings	30
	31a Alimony paid b Recipient's SSN ►	31a
	32 IRA deduction (see Instructions)	32
	33 Student loan interest deduction (see Instructions)	33
	34 Tuition and fees deduction (see instructions)	34
	35 Domestic production activities deduction. Attach Form 8903	35
	36 Add lines 23 through 31a and 32 through 35	36
	37 Subtract line 36 from line 22. This is your adjusted gross income ►	37 368.

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IRS1040S1 Rev. 1

BCA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see Instructions

Form 1040 (2005)

**Tax and Credits****Standard Deduction for -**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see Instr.

• All others: Single, or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38	Amount from line 37 (adjusted gross income) .....	38	368.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1941, <input type="checkbox"/> Blnd. <input type="checkbox"/> Total boxes if <input type="checkbox"/> Spouse was born before Jan. 2, 1941, <input type="checkbox"/> Blnd. <input type="checkbox"/> checked ► 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here .....	► 39b	<input type="checkbox"/>
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin) .....	40	5,000.
41	Subtract line 40 from line 38 .....	41	(4,632.)
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see Instructions. Otherwise, multiply \$3,200 by the total no. of exemptions claimed on line 6d .....	42	3,200.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- .....	43	0
44	Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 .....	44	
45	Alternative minimum tax (see instructions). Attach Form 6251 .....	45	
46	Add lines 44 and 45 .....	46	
47	Foreign tax credit. Attach Form 1116 if required .....	47	
48	Credit for child and dependent care exp. Attach Form 2441 .....	48	
49	Credit for the elderly or the disabled. Attach Schedule R .....	49	
50	Education credits. Attach Form 8863 .....	50	
51	Retirement savings contributions credit. Attach Form 8880 .....	51	
52	Child tax credit (see inst.). Attach Form 8901 if required .....	52	
53	Adoption credit. Attach Form 8839 .....	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 .....	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form .....	55	
56	Add lines 47 through 55. These are your total credits .....	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- .....	57	
63	Self-employment tax. Attach Schedule SE .....	63	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 .....	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .....	60	
61	Advance earned income credit payments from Form(s) W-2 .....	61	
62	Household employment taxes. Attach Schedule H .....	62	
63	Add lines 57 through 62. This is your total tax .....	63	
64	Federal income tax withheld from Forms W-2 and 1099 .....	64	29.
65	2005 estimated tax pymts and amt applied from 2004 return .....	65	
66a	Earned income credit (EIC) .....	66a	NO
b	Nontaxable combat pay election .....	66b	
67	Excess social security and tier 1 RRTA tax withheld (see inst) .....	67	
68	Additional child tax credit. Attach Form 8812 .....	68	
69	Amount paid with request for extension to file (see inst) .....	69	
70	Payments from: a <input type="checkbox"/> Form 3439 b <input type="checkbox"/> Form 4138 C <input type="checkbox"/> Form 5855 .....	70	
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments .....	71	29.

**Refund**

Direct deposit?  
See instructions and fill in 73b, 73c, and 73d.

72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	29.
73a	Amount of line 72 you want refunded to you	73a	29.
b	Routing number XXXXXXXXXXXXXXXXXXXX	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number XXXXXXXXXXXXXXXXXXXX		

74	Amount of line 72 you want applied to your 2006 est. tax	74	
----	----------------------------------------------------------	----	--

**Amount You Owe**

75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see instructions	75	
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**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete the following.  
Designee's name \_\_\_\_\_  Preparer's name \_\_\_\_\_  No  
Personal identification number (PIN) \_\_\_\_\_

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation \_\_\_\_\_ Daytime phone number \_\_\_\_\_

646-696-6894

**Joint return?**

Joint return?  Yes  No

**See instr.**

Keep a copy for your records.  Yes  No

**Paid Preparer's Use Only**

Spouse's signature. If a joint return, both must sign Date Spouse's occupation \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date 02/08/2007 Check if self-employed   
Firm's name (or your s if self-employed), address, and ZIP code ISABEL EIN 5725

**Paid Preparer's Use Only**

Bronx NY 10454 Phone no. 718-402-2118

<b>Form 1040 U.S. Individual Income Tax Return 2006</b>		(99) IRS Use Only-Do not write or staple in this space.
<b>Label</b> <small>(See Instructions)</small>	For the year Jan. 1-Dec. 31, 2006, or other tax year beginning <input type="text"/> 2006, ending <input type="text"/> 20 OMB No. 1545-0074	
<b>Use the IRS label.</b> Otherwise, please print or type.	Name <input type="text"/> Spouse's Name (if Joint Return) Home Address <input type="text"/> City, State, and ZIP Code <input type="text"/>	Your social security number <input type="text"/> 1454
	JOSE L BARCACER APT WB Bronx NY 10457-	Spouse's social security no.
		You must enter ▲ your SSN(s) above. ▲
		Checking a box below will not change your tax or refund.
<b>Presidential Election Campaign</b> ► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ► <input type="checkbox"/> You <input type="checkbox"/> Spouse		
<b>Filing Status</b>	1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►
Check only one box.	2 <input type="checkbox"/> Married filing jointly (even if only one had income)	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)	
<b>Exemptions</b>	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b
	b <input type="checkbox"/> Spouse	No. of children on 8c who:
If more than four dependents, see instr.	c <input type="checkbox"/> Dependents:  (1) First name <input type="text"/> Last name <input type="text"/>  (2) Dependent's social security no. <input type="text"/> 295 6SON <input type="checkbox"/> If qualifying child for child tax credit (see inst.) X	lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see inst.) <input type="checkbox"/> Dependants on 6c not entered above <input type="checkbox"/>
	d Total number of exemptions claimed <input type="text"/> 7	Add numbers on lines above ► <input type="checkbox"/> 2
<b>Income</b>	7 Wages, salaries, tips, etc. Attach Form(s) W-2 <input type="text"/> 7 9,082.	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	8a Taxable interest. Attach Schedule B if required <input type="text"/> 8a	
If you did not get a W-2, see instructions.	b Tax-exempt interest. Do not include on line 8a <input type="text"/> 8b	
Enclose, but do not attach, any payment. Also, please use Form 1040-V.	9a Ordinary dividends. Attach Schedule B if required <input type="text"/> 9a	
	b Qualified dividends (see instructions) <input type="text"/> 9b	
	10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) <input type="text"/> 10	
	11 Alimony received <input type="text"/> 11	
	12 Business income or (loss). Attach Schedule C or C-EZ <input type="text"/> 12	
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/> 13	
	14 Other gains or (losses). Attach Form 4797 <input type="text"/> 14	
	15a IRA distributions <input type="text"/> 15a b Taxable amount (see inst.) <input type="text"/> 15b	
	16a Pensions and annuities <input type="text"/> 16a b Taxable amount (see inst.) <input type="text"/> 16b	
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E <input type="text"/> 17	
	18 Farm income or (loss). Attach Schedule F <input type="text"/> 18	
	19 Unemployment compensation <input type="text"/> 19 687.	
	20a Social security benefits <input type="text"/> 20a b Taxable amount (see inst.) <input type="text"/> 20b	
	21 Other income. List type and amount (see instr.) <input type="text"/> 21	
<b>Adjusted Gross Income</b>	22 Add the amounts in the far right column for lines 7 through 21. This is your total income ► <input type="text"/> 22 9,769.	
	23 Archer MSA deduction. Attach Form 8853 <input type="text"/> 23	
	24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ <input type="text"/> 24	
	25 Health savings account deduction. Attach Form 8889 <input type="text"/> 25	
	26 Moving expenses. Attach Form 3903 <input type="text"/> 26	
	27 One-half of self-employment tax. Attach Schedule SE <input type="text"/> 27	
	28 Self-employed SEP, SIMPLE, and qualified plans <input type="text"/> 28	
	29 Self-employed health insurance deduction (see instr.) <input type="text"/> 29	
	30 Penalty on early withdrawal of savings <input type="text"/> 30	
	31a Alimony paid b Recipient's SSN ► <input type="text"/> 31a	
	32 IRA deduction (see instructions) <input type="text"/> 32	
	33 Student loan interest deduction (see instructions) <input type="text"/> 33	
	34 Jury duty pay you gave to your employer <input type="text"/> 34	
	35 Domestic production activities deduction. Attach Form 8903 <input type="text"/> 35	
	36 Add lines 23 through 31a and 32 through 35 <input type="text"/> 36	
	37 Subtract line 36 from line 22. This is your adjusted gross income ► <input type="text"/> 37 9,769.	

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Form 1040 (2006)

**Tax and Credits****Standard Deduction for -**

- People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instr.

• All others:  
Single or  
Married filing separately,  
\$5,150

Married filing jointly or  
Qualifying widow(er),  
\$10,300

Head of household,  
\$7,550

38 Amount from line 37 (adjusted gross income) .....	38	9,769.
39a Check <input type="checkbox"/> You were born before Jan. 2, 1942, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes if: <input type="checkbox"/> Spouse was born before Jan. 2, 1942, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> checked ► 39a		
b If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here .....	► 39b	<input type="checkbox"/>
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) .....	40	5,150.
41 Subtract line 40 from line 38 .....	41	4,619.
42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total no. of exemptions claimed on line 6d .....	42	6,600.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- .....	43	0
44 Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 .....	44	
45 Alternative minimum tax (see instructions). Attach Form 6251 .....	45	
46 Add lines 44 and 45 .....	46	
47 Foreign tax credit. Attach Form 1116 if required .....	47	
48 Credit for child and dependent care exp. Attach Form 2441 .....	48	
49 Credit for the elderly or the disabled. Attach Schedule R .....	49	
50 Education credits. Attach Form 8863 .....	50	
51 Retirement savings contributions credit. Attach Form 8880 .....	51	
52 Residential energy credits. Attach Form 5695 .....	52	
53 Child tax credit (see inst.). Attach Form 8901 if required .....	53	
54 Credits from: a <input type="checkbox"/> Form 8895 b <input type="checkbox"/> Form 8839 C <input type="checkbox"/> Form 8859 .....	54	
55 Other credits: a <input type="checkbox"/> Form 8800 b <input type="checkbox"/> Form 8801 C <input type="checkbox"/> Form .....	55	
56 Add lines 47 through 55. These are your total credits .....	56	
57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- .....	57	

**Other Taxes**

58 Self-employment tax. Attach Schedule SE .....	58	
59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 .....	59	
60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .....	60	
61 Advance earned income credit payments from Form(s) W-2, box 9 .....	61	
62 Household employment taxes. Attach Schedule H .....	62	
63 Add lines 57 through 62. This is your total tax .....	63	

**Payments**

64 Federal income tax withheld from Forms W-2 and 1099 .....	64	469.
65 2006 estimated tax pmts and amt applied from 2005 return .....	65	
66 a Earned income credit (EIC) .....	66a	2,747.
b Nonexempt combat pay election .....	► 66b	
67 Excess social security and tier 1 RRTA tax withheld (see inst) .....	67	
68 Additional child tax credit. Attach Form 8812 .....	68	
69 Amount paid with request for extension to file (see inst) .....	69	
70 Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 C <input type="checkbox"/> Form 8865 .....	70	
71 Credit for federal telephone excise tax paid. Attach Form 8813 if required .....	71	40.
72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments .....	72	3,256.

**Refund**

Direct deposit?  
See instructions and fill in 74b, 74c, and 74d.

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid .....	73	
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/> b Routing number <b>BANK PRODUCT</b> ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <b>APPLIED FOR</b> .....	74a	3,256.
75 Amount of line 73 you want applied to your 2007 estimated tax ► 75 .....	75	

**Amount You Owe**

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions ► 76 .....
77 Estimated tax penalty (see instructions) .....

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete the following.  
 No. Personal identification number (PIN) ►

**Sign Here**

Join return?  
See instr.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  
Your signature Date Your occupation FACTORY Daytime phone number 646-696-6894

Spouse's signature. If a joint return, both must sign Date Spouse's occupation

**Paid Preparer's Use Only**

Preparer's signature ►	Date 02/08/2007	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN 4030
Preparer's name (or yours if self-employed), address, and ZIP code ► asko Bronx NY 10452-	EIN	4723	Phone no. 718-731-4828

Form 1040

## U.S. Individual Income Tax Return 2007

IRS Use Only--Do not write or staple in this space.

OMB No. 1345-0074

<b>Label</b>		For the year Jan. 1-Dec. 31, 2007, or other tax year beginning _____		2007, ending _____	.20				
		Last name _____				Your social security number _____			
L A B E L		JOSE L. BALCACER				1454			
H E R E		If a joint return, spouse's first name and initial _____ Last name _____				Spouse's social security number _____			
		Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____		W.B.		You must enter your SSN(s) above. ▲			
		City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. _____				Checking a box below will not change your tax or refund			
Presidential		Bronx, NY 10457				X You Spouse			
Election Campaign		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund _____				► X You Spouse			
<b>Filing Status</b>		1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here ►						
Check only one box.		2 <input type="checkbox"/> Married filing jointly (even if only one had income)	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here ►						
<b>Exemptions</b>		5 <input type="checkbox"/> Qualifying widow(er) with dependent child					Boxes checked on 6a and 6b		
If more than four dependents, see instructions.		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	6b <input type="checkbox"/> Spouse	6c <input type="checkbox"/> Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qual. child for child tax credit		
		(1) First name _____ J. L.	Last name _____	2956 Son		X	<input type="checkbox"/> did not live with you due to divorce or separation <input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation Dependents on 6c not entered above Add numbers on lines above ► <input type="checkbox"/>		
		d Total number of exemptions claimed _____					1 4,056.		
<b>Income</b>		7 Wages, salaries, tips, etc. Attach Form(s) W-2	8a Taxable interest. Attach Schedule B if required	8b Tax-exempt interest. Do not include on line 8a	9a Ordinary dividends. Attach Schedule B if required	9b Qualified dividends	10 Taxable refunds, credits, or offsets of state and local income taxes		
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.		11 Alimony received	12 Business income or (loss). Attach Schedule C or C-EZ	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	14 Other gains or (losses). Attach Form 4797	15a IRA distributions	15b Taxable amt		
If you did not get a W-2, see instructions.		16a Pensions and annuities	16b Taxable amt	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	18 Farm income or (loss). Attach Schedule F	19 Unemployment compensation	20a Social security benefits	20b Taxable amt	
Enclose, but do not attach, any payment. Also, please use Form 1040-V.		21 Other income. List type and amount	22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►	23 Educator expenses	23	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	25 Health savings account deduction. Attach Form 8889	25
<b>Adjusted Gross Income</b>		26 Moving expenses. Attach Form 3903	27 One-half of self-employment tax. Attach Schedule SE	27	28 Self-employed SEP, SIMPLE, and qualified plans	28	29 Self-employed health insurance deduction	29	
		30 Penalty on early withdrawal of savings	31a Alimony paid b Recipient's SSN ►	30	32 IRA deduction	32	33 Student loan interest deduction	33	
		34 Tuition and fees deduction. Attach Form 8917	34	35 Domestic production activities deduction. Attach Form 8903	35	36 Add lines 23-31a and 32-35	36	37 Subtract line 36 from line 22. This is your adjusted gross income ►	37 509.
		37 Subtract line 36 from line 22. This is your adjusted gross income ►	37 10,747.					Form 1040 (2007)	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

JTA

FDDCS 11/08/07

**Tax and Credits**

Standard Deduction form

◆ People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

◆ All others

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38 Amount from line 37 (adjusted gross income)	39a Check if: You were born before Jan 2, 1943, Spouse was born before Jan 2, 1943,	39a Total boxes blind, checked	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40 5,350.
			41 Subtract line 40 from line 38	41 5,397.
			42 If line 38 is \$117,300 or less, multiply \$3,400 by the number of exemptions claimed on line 6d. If line 38 is over \$17,300, see the worksheet on page 33	42 6,800.
			43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43
			44 Tax. Check if any tax is from: a Form(s) 8814 b Form 4972 c Form 8889	44
			45 Alternative minimum tax. Attach Form 6251	45
			46 Add lines 44 and 45	46
			47 Credit for child and dependent care exp. Attach Form 2441	47
			48 Credit for the elderly or the disabled. Attach Schedule R	48
			49 Education credits. Attach Form 8863	49
			50 Residential energy credits. Attach Form 5695	50
			51 Foreign tax credit. Attach Form 1116 if required	51
			52 Child tax credit. Attach Form 8901 if required	52
			53 Retirement savings contributions credit. Attach Form 8880	53
			54 Credits from: a Form 4990 b Form 8858 c Form 8889	54
			55 Other credits: a Form 8800 b Form 8801 c Form 8802	55
			56 Add lines 47 through 55. These are your total credits	56
			57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57

**Other Taxes**

58 Self-employment tax. Attach Schedule SE	58 1,017.
59 Unreported Social security and Medicare tax from: a Form 4137 b Form 8919	59
60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60
61 Advance earned income credit payments from Form(s) W-2, box 9	61
62 Household employment taxes. Attach Schedule H	62
63 Add lines 57 through 62. This is your total tax	63 1,017.

**Payments**

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099	64 372.
65 2007 est tax payments and amount applied from 2006 return	65
66a Earned Income credit (EIC)	66a 2,853.
b Nontaxable combat pay election ► 66b	66b
67 Excess social security and tier 1 RRTA tax withheld	67
68 Additional child tax credit. Attach Form 8812	68
69 Amount paid with request for extension to file	69
70 Payments from: a Form 2439 b Form 4138 c Form 8886	70
71 Refundable credit for prior year min tax from Form 8801, line 27	71
72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72 3,225.

**Refund**

Direct deposit?

Fill in 74b, 74c, and 74d or, Form 8888.

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73 2,208.
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ►	74a 2,208.

► b Routing number XXXXXXXXX ► c Type: Checking Savings  
 ► d Account number XXXXXXXXXXXXXXXXXXXX

75 Amount of line 73 you want applied to your 2008 estimated tax ► 75

76 Amount you owe. Subtract line 72 from line 63 ► 76

77 Estimated tax penalty

**Amount You Owe**

Do you want to allow another person to discuss this return with the IRS? X Yes. Complete the following. No

Designee's name ► Preparer	Phone number ►	Personal identification no. (PIN) ►
----------------------------	----------------	-------------------------------------

**Sign Here**Joint return?  
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
----------------	------	-----------------	----------------------

Spouse's signature, if a joint return, both must sign.	Date	Spouse's occupation	(347) 241-1800
--------------------------------------------------------	------	---------------------	----------------

**Paid Preparer's Use Only**

Preparer's signature ► Date 1/25/2008 Check if self-employed ► Preparer's SSN or PTIN 4449

Firm's name (or yours if self-employed), address, and ZIP code ATAX - BUSINESS TAX EL 0447

BRONX, NY 10456 Phone number (347) 524-7794

<b>Label</b>		For the year Jan. 1-Dec. 31, 2008, or other tax year beginning <b>L</b> Your first name and initial <b>A</b> JOSE L <b>B</b> If a joint return, spouse's first name and initial <b>C</b> BARCACER <b>D</b> Last name <b>E</b> Home address (number and street). If you have a P.O. box, see page 14. <b>F</b> Apt. no. <b>G</b> City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. <b>H</b> N56 <b>I</b> NY 10452		Last name 2008 ending Spouse's social security number 1454 Spouse's social security number Checking a box below will not change your tax or refund.	
<b>Presidential</b>		<b>Election Campaign</b> ► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14)		► <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse	
<b>Filing Status</b> Check only one box.		1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.		4 <input type="checkbox"/> Head of household (with qualifying person). (See page 16.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 16)	
<b>Exemptions</b>		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse c Dependents: (1) First name I Last name B (2) Dependent's social security number 956 Son		Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see page 18) Dependents on 6c not entered above Add numbers on lines above ► 2	
<b>Income</b>		7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required 8b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required 9b Qualified dividends (see page 21) 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22) 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a 15b Taxable amount (see page 23) 16a Pensions and annuities 16a 16b Taxable amount (see page 24) 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a 20b Taxable amount (see page 26) 21 Other income.		7 15,081 8a 8b 9a 9b 10 11 12 917 13 14 15b 16b 17 18 19 1,716 20b 21 22 17,714	
<b>Adjusted Gross Income</b>		22 Add the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ► 23 Educator expenses (see page 28) 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 One-half of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction (see page 29) 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ► 32 IRA deduction (see page 30) 33 Student loan interest deduction (see page 33) 34 Tuition and fees deduction. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 31a and 32 through 35 37 Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ►		23 24 25 26 27 65 28 29 30 31a 32 33 34 35 36 37 17,649	

**Tax  
and  
Credits**

<b>Standard Deduction for—</b>	<b>39a</b> Check <input type="checkbox"/> You were born before January 2, 1944, if: <input type="checkbox"/> Spouse was born before January 2, 1944,	<input type="checkbox"/> Blind, <input type="checkbox"/> Total boxes Blnd. checked ► <b>39a</b>	<b>38</b>	<b>17,649</b>
	b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 34 and check here ► <b>39b</b>			
	c Check if standard deduction includes real estate taxes or disaster loss (see page 34) ► <b>39c</b>			
<b>40 Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	<b>5,450</b>		
41 Subtract line 40 from line 38	<b>41</b>	<b>12,199</b>		
42 If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d	<b>42</b>	<b>7,000</b>		
<b>43 Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	<b>5,199</b>		
44 Tax (see page 26). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	<b>44</b>	<b>518</b>		
<b>45 Alternative minimum tax</b> (see page 39). Attach Form 6251	<b>45</b>			
46 Add lines 44 and 45	<b>46</b>	<b>518</b>		
47 Foreign tax credit. Attach Form 1116 if required	<b>47</b>			
48 Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>			
49 Credit for the elderly or the disabled. Attach Schedule R	<b>49</b>			
50 Education credits. Attach Form 8863	<b>50</b>			
51 Retirement savings contributions credit. Attach Form 8880	<b>51</b>			
52 Child tax credit (see page 42). Attach Form 8901 if required	<b>52</b>	<b>518</b>		
53 Credits from Form: a <input type="checkbox"/> 8898 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8895	<b>53</b>			
54 Other credits from Form: a <input type="checkbox"/> 8800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	<b>54</b>			
55 Add lines 47 through 54. These are your <b>total credits</b>	<b>55</b>	<b>518</b>		
56 Subtract line 55 from line 48. If line 55 is more than line 46, enter -0-	<b>56</b>	<b>0</b>		
<b>Other Taxes</b>	<b>57</b>	<b>130</b>		
58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	<b>58</b>			
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>			
60 Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Sch. H	<b>60</b>			
61 Add lines 56 through 60. This is your <b>total tax</b>	<b>61</b>	<b>130</b>		
<b>Payments</b>	<b>62</b>	<b>1,124</b>		
If you have a qualifying child, attach Schedule EIC.	<b>63</b>			
<b>64a Earned income credit (EIC)</b>	<b>64a</b>	<b>2,616</b>		
b Nontaxable combat pay election <b>64b</b>	<b>65</b>			
65 Excess social security and tier 1 FRTA tax withheld (see page 61)	<b>66</b>	<b>482</b>		
66 Additional child tax credit. Attach Form 8812	<b>67</b>			
67 Amount paid with request for extension to file (see page 61)	<b>68</b>			
68 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4736 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8845	<b>69</b>			
69 First-time homebuyer credit. Attach Form 5405	<b>70</b>	<b>0</b>		
70 Recovery rebate credit (see worksheet on pages 62 and 63)	<b>71</b>	<b>4,222</b>		
71 Add lines 62 through 70. These are your <b>total payments</b>	<b>72</b>	<b>4,092</b>		
<b>Refund</b>	<b>72</b>	<b>4,092</b>		
Direct deposit? See page 68 and fill in 70b, 73a, and 73d, or Form 8888.	<b>73a</b>	<b>4,092</b>		
► b Routing number <b>O 4 4 0 0 0 0 3 7</b> ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>74</b>			
► d Account number <b>R A L 0 4 X X X 1 1 8 6 8 1 4 5 4</b>				
74 Amount of line 72 you want applied to your 2009 estimated tax	<b>75</b>			
<b>Amount You Owe</b>	<b>75</b>			
76 Estimated tax penalty (see page 66)	<b>76</b>			

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 66)?  Yes. Complete the following.  No

Designee's name ► Phone no. ► Personal identification number (PIN) ►

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 15.

Your signature Date Your occupation Daytime phone number

Keep a copy for your records.

Spouse's signature: **81454** Date Spouse's occupation **DELIVERY** Daytime phone number **347-810-1146**

**Paid Preparer's Use Only**

Preparer's signature ►	Date <b>02-20-2009</b>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN & PTIN <b>162251</b>
Firm's name (or yours if self-employed), address, and ZIP code <b>IMMITAX CORPORATION</b>	EIN <b>2289</b>		
<b>BROOKLYN</b>	<b>NY 10457</b>	Phone no. <b>718-294-7677</b>	

PEARSON

200 OLD TAPPAN ROAD  
OLD TAPPAN, NEW JERSEY 07675

CHECK NO: 423662  
CHECK DATE: 12/01/06  
PERIOD ENDING: 11/26/06  
PAY FREQUENCY: WEEKLY

JOSE L. BARCADER  
APT. 100  
BRONX, NY. 10457

ID-NUMBER:	0000043196	STATUS:	EXEMPT:	TAX ADJUSTMENTS	ST-RES:	PR:
BASE-RATE:	11.2800	FED:	SINGLE:	02:	FED:	ST-RES:
SSN:		ST1:		00:	DISC:	0000:
		ST2:		LOCAL:		SEC:

STATE AND LOCAL CODES

**IMPORTANT MESSAGE**

PLEASE REVIEW YOUR CHECK CAREFULLY. REVIEW YOUR BENEFIT.  
TAX RATES MAY HAVE CHANGED: SDIVUC AND SOCIAL SECURITY TAX

DEDUCTIONS, NAME, ADDRESS, ALL TAX WITHHOLDING AND EXEMPTIONS.  
RESTART IN JANUARY. YOUR EMPLOYEE ID NUMBER IS LISTED ABOVE.

#### HOURS AND EARNINGS

## **TAXES AND DEDUCTIONS**

SPECIAL INFORMATION

#### **Statement Of Earnings**

Detach at perforation below and keep for your records.

A Payroll Service By Ceridian

C

118-68-1454	NEW YORK, NY 10027		
JUN 27, 2007	Paid/From JUL 3, 2007	Check Date JUL 6, 2007	\$ 00 \$ 00
EARNINGS	TAXES	DEDUCTIONS	YEAR TO DATE
1099\$ SURCHRG	13.00 2.5000 32.50 13.00 0.1000 1.30		GROSS 1099\$ SURCHRG
<b>TOTAL</b>	<b>26.00</b>	<b>\$ 33.80</b>	<b>\$ 1768.00</b> <b>1700.00</b> <b>68.00</b>
<b>TOTAL \$ 0.00</b>		<b>TOTAL \$ 0.00</b>	0011649 *****33.80

Form W-2 Wage and Tax Statement 2007  
 b Employee's name, address, and ZIP code

DOMINO'S PIZZA LLC

ANN ARBOR MI 48106-0997

b Employee's name, address, and ZIP code

MDB/3662 /186321  
 JOSE LUIS BARCACER

7 Social security tips	1 Wages, tips, other comp.	12 Federal income tax withheld
8 Allocated tips	26.60	
9 Advance EIC payment	3 Social security wages	4 Social security tax withheld
10 Dependent care benefits	26.60	1.65
	5 Medicare wages and tips	5 Medicare tax withheld
	26.60	0.39
	11 Nonqualified plans	12b
		12c
Staff	13 Stanley standards Healthcare Plan Injury Expense Reimbursement Plan Employee Benefit Plan 5003	14 Other
		12b
		12c



PHOENIX BEVERAGES

L.I.U. NY 11101

# Earnings Statement

Period Ending: 12/28/2007  
Pay Date: 12/28/2007

Taxable Marital Status: Single  
Exemptions/Allowances:

Federal: 2  
State: 2  
Local: 2

JOSE LUIS BARCACER

BRONX, NY 10457

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular	500.00		500.00	3,900.00
Overtime	18.7500	1.00	18.75	56.25
Extra Days	12.5000	8.00	100.00	100.00
<b>Gross Pay</b>			<b>\$618.75</b>	<b>4,056.25</b>

Deductions	Statutory	
Federal Income Tax	-58.38	372.17
Social Security Tax	-38.36	251.49
Medicare Tax	-8.98	58.82
NY State Income Tax	-22.93	131.30
New York City Income Tax	-14.28	84.17
NY SUI/SDI Tax	-0.60	4.80
<b>Net Pay</b>		<b>\$475.22</b>

Your federal taxable wages this period are \$618.75

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns.  
If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

D. PAYROLL NUMBER <b>13198</b>		The information is being furnished to the Internal Revenue Service		J. OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) <b>22-1603684</b>		A. EMPLOYEE'S SOCIAL SECURITY NUMBER <b>118-68-1454</b>				3. SALARIED PAYMENT		4. SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE  <b>PEARSON EDUCATION ONE LAKE STREET UPPER SADDLE RIV NJ 07458</b>						5. MEDICARE WAGES AND TIPS		6. MEDICARE TAX WITHHELD	
						7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
E. EMPLOYEE'S FIRST NAME AND INITIAL <b>JOSE L</b>		LAST NAME <b>BARCACER</b>				9. ADVANCE ZIR PAYMENT		10. DEPENDENT CARE BENEFITS	
F. EMPLOYEE'S ADDRESS AND ZIP CODE  <b>APT 6W BRONX, NY 10457</b>						11. NONQUALIFIED PLANS		12. A-D	
G. STATE / EMPLOYER'S STATE I.D. NO. <b>NJ</b>		H. STATE WAGES, TIPS, ETC. <b>624/000</b>		I. STATE INCOME TAX <b>784.69</b>		J. LOCAL WAGES, TIPS, ETC. <b>11.77</b>		K. LOCAL INCOME TAX	
L. LOCALITY NAME									
D. PAYROLL NUMBER <b>13198</b>		The information is being furnished to the Internal Revenue Service		J. OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD	
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C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE  <b>PEARSON EDUCATION ONE LAKE STREET UPPER SADDLE RIV NJ 07458</b>						5. MEDICARE WAGES AND TIPS		6. MEDICARE TAX WITHHELD	
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F. EMPLOYEE'S ADDRESS AND ZIP CODE  <b>APT 6W BRONX, NY 10457</b>						9. ADVANCE ZIR PAYMENT		10. DEPENDENT CARE BENEFITS	
G. STATE / EMPLOYER'S STATE I.D. NO. <b>NJ</b>		H. STATE WAGES, TIPS, ETC. <b>4/000</b>		I. STATE INCOME TAX <b>784.69</b>		J. LOCAL WAGES, TIPS, ETC. <b>11.77</b>		K. LOCAL INCOME TAX	
L. LOCALITY NAME									
<b>FOLD AND TEAR ALONG PERFORATION</b>									
D. PAYROLL NUMBER <b>13198</b>		The information is being furnished to the Internal Revenue Service		J. OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD	
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F. EMPLOYEE'S ADDRESS AND ZIP CODE  <b>APT 6W BRONX, NY 10457</b>						9. ADVANCE ZIR PAYMENT		10. DEPENDENT CARE BENEFITS	
G. STATE / EMPLOYER'S STATE I.D. NO. <b>NJ</b>		H. STATE WAGES, TIPS, ETC. <b>4/000</b>		I. STATE INCOME TAX <b>784.69</b>		J. LOCAL WAGES, TIPS, ETC. <b>11.77</b>		K. LOCAL INCOME TAX	
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L. LOCALITY NAME									

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return  
**FORM W-2 Wage and Tax Statement**

**2007**

Dept. of the Treasury - Internal Revenue Servl

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G. STATE / EMPLOYER'S STATE I.D. NO. <b>NJ</b>		H. STATE WAGES, TIPS, ETC. <b>4/000</b>		I. STATE INCOME TAX <b>784.69</b>		J. LOCAL WAGES, TIPS, ETC. <b>11.77</b>		K. LOCAL INCOME TAX	
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L. LOCALITY NAME									

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return  
**FORM W-2 Wage and Tax Statement**

**2007**

Page 2 of 2

		1 Federal income tax withheld 32.49
3 Social security wages	14 Social security tax withheld 32.49	
5 Medicare wages and tips 32.49	6 Medicare tax withheld .47	
8 Control number 0118G81454 VXX	Dept. Corp.	Employer use only 246

c Employer's name, address, and ZIP code  
**LOCAL 812 HEALTH FUND**  
**445 NORTHERN BOULEVARD**  
**GREAT NECK, NY 11021**

1 Employer's FED ID number 2404	2 Employee's SSA number <b>1454</b>
3 Social security tips	8 Allocated tips
5 Advance EIC payment	10 Dependent care benefits
12 Nonqualified plans	12a See instructions for box 12 C   32.49
14 Other SUN LIFE INSURANCE	12b 12c 12d 13 State emp. Rel. plan/3rd party sick pay

d Employee's name, address and ZIP code  
**JOSE LUIS BARCACER**  
**BRONX, NY 10457**

15 State NY	Employer's state ID no. 14212776	16 State wages, tips, etc. 32.49
17 State income tax	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

**Federal Filing Copy**  
**W-2 Wage and Tax Statement.** **2008**  
CMB No. 1545-0008  
Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 32.49	2 Federal income tax withheld	
3 Social security wages 32.49	4 Social security tax withheld 32.49	
5 Medicare wages and tips 32.49	6 Medicare tax withheld .47	
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**BRONX, NY 10457**

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17 State income tax	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

**NY. State Filing Copy**  
**W-2 Wage and Tax Statement.** **2008**  
CMB No. 1545-0008  
Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 32.49	2 Federal income tax withheld	
3 Social security wages 32.49	4 Social security tax withheld 2.01	
5 Medicare wages and tips 32.49	6 Medicare tax withheld .47	
8 Control number 0118G81454 VXX	Dept. Corp.	Employer use only 24

c Employer's name, address, and ZIP code  
**LOCAL 812 HEALTH FUND**  
**445 NORTHERN BOULEVARD**  
**GREAT NECK, NY 11021**

1 Employer's FED ID number 404	2 Employee's SSA number 1454
3 Social security tips	8 Allocated tips
5 Advance EIC payment	10 Dependent care benefits
12 Nonqualified plans	12a C   32.49
14 Other SUN LIFE INSURANCE	12b 12c 12d 13 State emp. Rel. plan/3rd party sick pay

d Employee's name, address and ZIP code  
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15 State NY	Employer's state ID no. 14212776	16 State wages, tips, etc. 32.49
17 State income tax	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

**City or Local Filing Copy**  
**W-2 Wage and Tax Statement.** **2008**  
CMB No. 1545-0008  
Copy 2 to be filed with employee's City or Local Income Tax Return.